Application Data Sh et

Secrecy Order in Parent Appl.?::

Application Information

Application number::	
Filing Date::	
Application Type::	Regular
Subject Matter::	Utility
Suggested classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence submission?::	
Computer Readable Form (CRF)?::	
Number of copies of CRF::	
Title::	INDUCTIVE BATTERY CHARGER
Attorney Docket Number::	003797.00692
Request for Early Publication?::	NO
Request for Non-Publication?::	NO
Suggested Drawing Figure::	
Total Drawing Sheets::	9
Small Entity?::	NO
Latin name::	
Variety denomination name::	
Petition included?::	NO
Petition Type::	
Licensed US Govt. Agency::	
Contract or Grant Numbers::	

NO

Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: Charles

Family Name:: CALHOON

Name Suffix::

City of Residence:: Woodinville

State or Province of Residence:: WA

Country of Residence:: US

Street of mailing address:: 24130 NE Woodinville Duvall Rd.

City of mailing address:: Woodinville

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98077

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name:: Leroy

Middle Name:: B.

Family Name:: KEELY

Name Suffix::

City of Residence:: Portola Valley

State or Province of Residence:: CA

Country of Residence:: US

Street of mailing address:: 210 Gabarda Way

City of mailing address:: Portola Valley

State or Province of mailing address:: CA

Country of mailing addr	ess::	US			
Postal or Zip Code of m	nailing address::	94028			
Applicant Authority Typ	e::	Invento	or		
Primary Citizenship Co	untry::				
Status::		Full Ca	apacity		
Given Name::		William	า		
Middle Name::					
Family Name::		MITCH	· IELL		
Name Suffix::					
City of Residence::					
State or Province of Re	sidence::				
Country of Residence::					
Street of mailing address	ss::				
City of mailing address:	··		•		
State or Province of ma	niling address::				
Country of mailing addr	ess::				
Postal or Zip Code of m	nailing address::				
Correspondence Ir	nformation				
Correspondence Custo	mer Number::	28319			
Representative Info	ormation				
Representative Customer Number:: 28319					
Domestic Priority Information					
Application::	Continuity Type	::	Parent Application::	Parent Filing Date::	

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information				
Country::	Application number::	Filing Date::	Priority Claimed::	

Assignee Information

Assignee name:: Microsoft Corporation

Street of mailing address:: One Microsoft Way

City of mailing address:: Redmond

State or Province of mailing address:: WA

Country of mailing address:: US

Postal or Zip Code of mailing address:: 98052